Medical Care Advisory Committee (MCAC)
Monday, December 14, 2020

Minutes

Members Present: Gina Balkus, Kathy Bates, Sai Cherala, Lisa DiMartino, Tamme Dustin, Amy Girouard, Ellen Keith, Peter Marshall, Dawn McKinney Paula Minnehan, Sarah Morrison Kara Nickulas, Ronnieann Rakoski, Marie Ramas MD, Bill Rider, Nancy Rollins, Karen Rosenberg, Jonathan Routhier, Mel Spierer, Susan Stearns, Holly Stevens, Kristine Stoddard, Carolyn Virtue, Michelle Winchester, Heather Young
Excused: Lisa Adams, Ken Norton
DHHS: Henry Lipman, Alyssa Cohen, Dr. Sarah Finne, Dawn Landry, Jane Hybsch, Leslie Melby, Sandy Hunt, Dr. Beth Daly, Shirley Iacopino, Laura Ringelberg
Guests: Lucy Hodder, Carol Iacopino, Nichole St. Hilaire, Susan Paschell, Beth Sargent, Deb Fournier, Deb Ritsey, Dan Courter, Jasmine Harris, Nick Colby, Pamela Becker, Audrey Gerkin, Deana Taylor, Rich Segal, Lauren LaRochelle, Jon St. Pierre, Robert Clegg, Heidi Kroll

Review/Approval: November 16, 2020 minutes. M/S/A

Department Updates, Henry Lipman, Medicaid Director

- **Private Duty Nursing (PDN)**, Jane Hybsch, Medicaid Medical Services Administrator

COVID is putting a significant strain on families with children with medically complex conditions to fill private duty nursing hours. CMS prohibits Medicaid to pay families for unfilled PDN hours because PDN care must be provided by a nurse. An alternative is available through the 1135 waiver to pay families for personal care services (only during the PHE) up to 50% of unfilled PDN hours. The limit of 50% was set to withstand CMS audits. GSIL manages intake and employment of family members. MCOs are managing this option as well. NH's Congressional delegation has been asked to explore policy mechanisms to support families' need for PDN due to the workforce shortage. Medicaid will work on licensing with the Office of Professional Licensing to allow a parent trained in a specific task to perform the task with oversight.

Requests were made to provide the number of families unable to obtain total authorized PDN services; and performance measures related to the 50% limit on personal care service hours. RSA 332-K, that allows consumer-directed services to bypass licensing requirements, will be reviewed for additional flexibility. Family members emphasized the state relies too much on families; the 50% limit is unreasonable; and long-term solutions are needed to support families and to prevent hospitalization. Medicaid has funded MCOs to provide support, but the problem is workforce and staffing. Other states' solutions will be looked at e.g., allowing families to hire nurses directly, and paying families the full Medicaid rate.

- **Medicaid to Schools**

Additional guidance documents are forthcoming for rehab assistance, billing, and specialized transportation. NH is learning from other states through the Healthy Students/Promising Future conference.

- **Medicaid Care Management (MCM) Amendment #5**. The state is currently negotiating with the MCOs For consideration by G&C in January.

- **State Budget, FY 2022/2023.** No updates are available while the budget is in the Governor's phase. 3.1% rate increase is included.

- **Medicaid spending by category.** Information will be sent to MCAC. It was noted that directed payments and recoupments may not appear on a claim form.

- **Disability Determinations**. DDU reports were sent to MCAC 12/2/20. Concern was noted re: the statement, "Inquire if the client is open for Granite Advantage and, if so, do they still wish to pursue APTD; if not, please notify DDU to withdraw application." This may deter clients from applying for APTD who need the cash benefit but require a disability determination to qualify.

- **Annual DSRIP Report Update.** Presentation scheduled for 1/11/21 MCAC meeting.

- **Adult Dental Benefit**, Sarah Finne, DMD, Medicaid Dental Director. The HB4 Work Group remains in place but on hold pending FY 2022/2023 funding of the dental benefit. Legislation to support the program will be introduced by Sen. Rosenwald and Rep. Shapiro.

- **DHHS Website Redesign**, Leslie Melby, Medicaid Special Projects Administrator. DHHS is launching a redesign of the agency's website to improve design, content, structure, and user experience. The primary goal is to create a citizen-centric website that is more intuitive, responsive, and easier to navigate. The redesign is scheduled to go live in May 2021. Additional information will be provided at the 1/11/21 meeting re: ADA compliance and requirements to retain historical information.

Public Health Emergency:

COVID Vaccine, Dr. Sai Cherala, MD, Population Health and Infectious Disease; Dr. Beth Daly, infectious Disease Control. The state's vaccination plan (link emailed to MCAC) was released in October. The Pfizer vaccine is now available in NH; Moderna vaccine is expected to arrive next week. The initial allotment of 12,275 doses will go to hospitals and long term care (LTC) facilities beginning Dec 21.

NH's vaccine allocation strategy is informed by the National Academy of Sciences, the CDC COVID-19 Vaccination Program Playbook, ACIP, and the State's Disaster Medical Advisory Committee. This is a work in progress and updated as national research and data become available.

The vaccination allocation plan is a phased approach, which determines the order in which people will be vaccinated. NH is now in Phase 1. Phase 1a targets the highest risk healthcare workers, first responders with most and moderate risk of exposure, and older adults in residential care settings. Refer to **NH COVID-19 Vaccination Allocation Guidelines for Phase 1a**.

There is currently an insufficient supply of vaccine for all those at highest risk. Facilities to prioritize highest risk staff based on medical conditions, age 65 and older, assignment to COVID units, and direct patient care.

Vaccine distribution: Approximately 75% will be administered in healthcare settings and pharmacies; 25% in state-run public health fixed sites and regional public health network (RPHN) mobile sites serving communities at high risk. Hospitals will vaccinate their health workers; pharmacies and RPHNs will vaccinate LTC facilities; fixed sites (e.g. National Guard) will vaccinate ambulatory care and first responders. NH is using CDC's Vaccine Administration Management System during Phase 1. Phase 2 will have a more robust system for registration and scheduling.

Consumers will not be charged for the vaccine. The federal government will pay for vaccines during the pandemic phase. Providers will charge insurers the administration fee with no cost sharing, and can bill the Provider Relief Fund for the uninsured.

Communication is focused on outreach to health care providers and public health partners. Public outreach will address safety and efficacy, including instructions on when and how to access the vaccine. The Department's equity expert is advising on communications with minorities.

Phase 1b information will be available by 12/18/20 to address questions on when high risk individuals in the community will be vaccinated, where facilities fall in the queue, and contacting patients. It will be another month before Phase 1b is implemented. Final guidance is not yet available regarding families who provide skilled nursing care to medically complex children. It was noted that nurses providing this level of care will be vaccinated. Dr. Daly will return to next month's MCAC meeting with additional information.

1915(c) Waiver Renewal; Case Management; Case Reviews/Quality Reporting, Sandy Hunt, Bureau of Developmental Services (response to concern about case management, and how families get needed support).

Waiver updates: Target – CMS approval by 12/30/20; begin public comment 1/11/21.

- Waiver participant cap increase to $35,000.
- In-Home Residential Habilitation to replace Enhanced Personal Care.
- Service Coordination to replace Family Support/Service Coordination.
- Participant Directed and Managed Services (PDMS) includes the ability to delegate services.
- Compliance of the CMS corrective action plan by July 2021 on conflict of interest, direct bill, provider selection.
- Waiver participants to complete a Health Risk Screening Tool (HRST).
- Participant Directed and Managed Services (PDMS) Committee with stakeholder participation.
- Compliance with HCBS final rule – 42 CFR 441.301(c)(4).
- Performance measures to reflect changes specified in CMS March 2014 guidance.
- Remote service provision.
- Temporary provision of services in hospital settings.
- Prior authorization not required for Supports Intensity Scale (SIS) and HRST.

In response to the concern that families are doing the majority of the IHS work, it was noted that the DLTSS-PDMS Committee was created to develop consistent approaches statewide. It will advise the state to be more consistent statewide including: a self-assessment; PDMS participant handbook; orientation to PDMS; area agency to maintain continuity of services throughout transition to a third party.

C Virtue asked the Department to provide further clarification at the next meeting to respond to the member's question on case management. C Virtue will follow up with S Hunt on specifics. H Lipman noted that DLTSS (S Hunt and D Scheetz) would like to address this issue at a future meeting, as additional time is required to prepare.

Telehealth Rules: Dawn Landry, Medicaid Policy Administrator. The rules are a work in progress. MCAC input is requested; interested members should contact Carolyn Virtue to join the rules subcommittee. Rulemaking takes 6-9 months unless rules can be filed as interim. The governor's emergency order currently permits telehealth during the PHE.

Membership Committee, Jonathan Routhier, Vice Chair. No report at this time.
Rules Subcommittees, Carolyn Virtue, Chair. Will send He-E 801 to Leslie Melby

Adjourn: M/S/A